## KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

P. O. Box 1360 Frankfort, KY 40602 502/564-3296

http://occupations.ky.gov/occupationaltherapy/index.htm

## REINSTATEMENT APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPY ASSISTANT

Applicant should submit in typewritten form or print clearly. Attach a check or money order payable to the Kentucky State Treasurer in the amount of \$75 and mail to the address above.

Name			License #	A
Social Security Number				
Home Address				
	Street	City	State	Zip
Work Address				
	Street	City	State	Zip
Phone Number (H)		(W)		
Do you currently hold a	license in any other stat	re(s)? Ves No		
If yes, list the states and				rd(s) showing
the expiration date.	attach a copy of your	current necess(s) or it	ichimeation cal	iu(s) showing
Yes No I  Have you ever had an ap  Yes No I	oplication for licensure a	ns an occupational thera	npy assistant re	jected?
Have you had any discip	linary action taken agai	inst a license held by vo	u in any other s	state(s)?
Yes No 1	·		·	,
Have you ever been conv	victed of any felony? Ye	es No   1	f yes, attach ex	planation(s).
Have you been convicted moral turpitude? Yes				tion involving
Have you ever been dec thereafter been declared			npetent jurisdi	ction and not
Dota vour Kantucky lica	nce evnired:			

(PLEASE TURN OVER AND COMPLETE REVERSE SIDE)

List the place(s) of your empl	oyment since your K	entucky license expir	ed. Account for all time.
If additional space is needed,	please attach a separ	ate sheet containing	hat information.

Facility	City State	Dates of Employment	Position
Facility	City, State	Dates of Employment	Position
Facility	City, State	Dates of Employment	Position
Facility	City, State	Dates of Employment	Position
<ul> <li>Submit complete license.</li> <li>Submit a <u>current</u></li> <li>If your license has submit twelve (1)</li> </ul>	OR <u>initial</u> copy of your large as been terminated for three (2) CCUs of qualified activit	NBCOT certificate.  3) years or LESS from the time ies for maintaining continuing us prior to receiving the license.	the application is filed,
		B) years or MORE from the time titles for maintaining continuing of	
	APPLICA	ANT'S AFFIDAVIT	
herein is true, correct investigation at any ti	, and complete to the best of m me disclose any such misrepres	y under penalty of law that the in y knowledge and belief. I am aw sentation or falsification, my appli rd of Licensure for Occupational	are that, should cation could be
DATE	APPLICANT'S SIGNAT	ΓURE	
		FOR BOARD AND OFFIC	
Fee Receipted: Amo	ount \$	Approved N	ot Approved